

DECLARATION AND POWER OF ATTORNEY

I, the below named inventor, hereby declare that my citizenship, residency, and mailing address is as identified below next to my respective name; I have reviewed and understand the content of the specification, including the claims, of the attached specification; I believe that I am the original, first, and sole inventor of the subject matter which is claimed therein and for which a patent is sought on the invention or discovery entitled

AXLE ASSEMBLY

and, I acknowledge my duty to disclose information of which I am aware that is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby designate the following as my mailing address:

Miller, Canfield, Paddock and Stone P.L.C.
c/o Robert Kelley Roth
150 West Jefferson Ave, Suite 2500
Detroit, Michigan 48226
Phone: (313) 963-6420 and Fax : (313) 496-8454

I hereby appoint each of the following as my attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Robert K. Roth Reg. No. 36,660
Marjory G. Basile Reg. No. 28,181
Richard A. Gaffin Reg. No. 28,949

I further declare that all statements made herein of my own knowledge are true and that all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, Section 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature:



Date Signed:

10-29-2003

Inventor: Dr. Xiao-Ming Li
Citizenship: United States of America
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Mailing Address: 44957 Seabrook Drive
 Canton, MI 48188

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Inventor's Signature:

Michael Wayne Johnston
10/29/2003

Date Signed:

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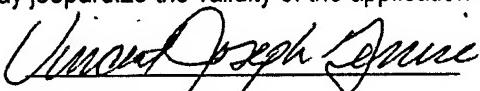
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Inventor's Signature:



Date Signed:

10-29-2003

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